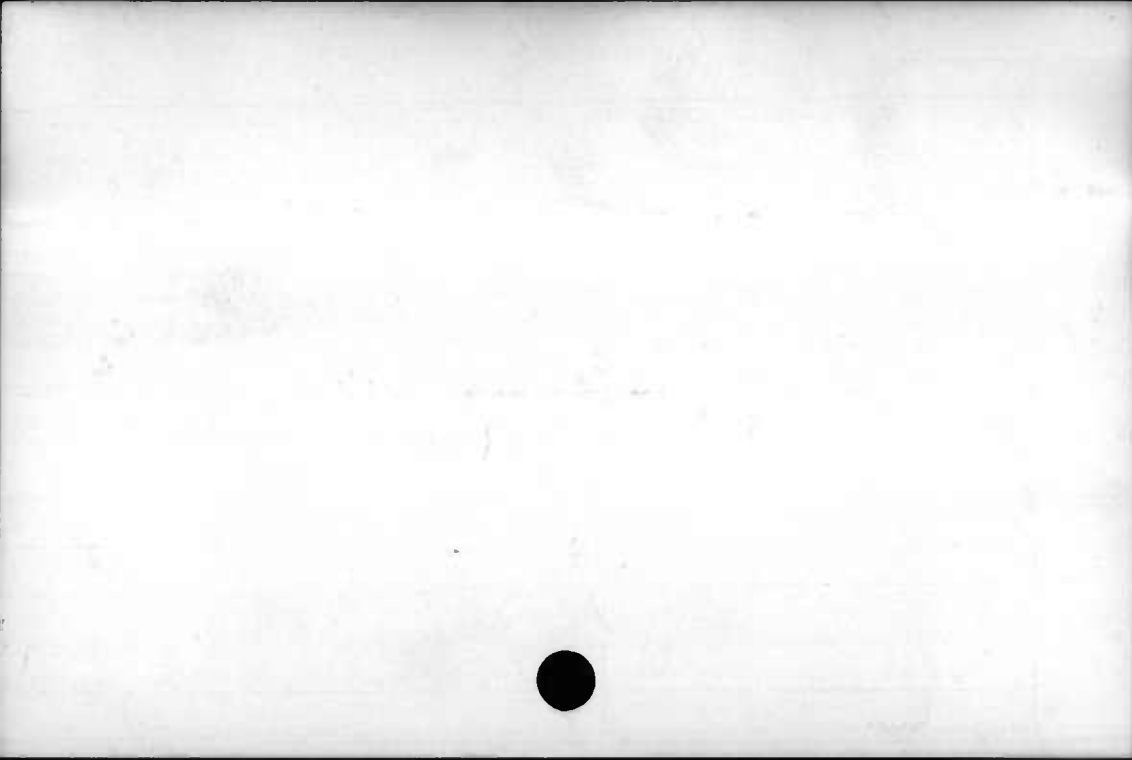


Name in Full		John L. Adams				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Paris Hill</i>		Town <i>Kent</i>		County		
		Date of death 190 <i>3</i>		Month <i>Oct</i>	Day <i>14</i>	Years <i>33</i>	Months <i>4</i>	Days <i>6</i>
		Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Kent Co. Ind.</i>		
		Married, Single		Occupation <i>Undertaker</i>				
		Name of Wife or Husband		<i>Maggie Riley</i>				
		Father's Name <i>John Adams</i>		Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>Susan Butler</i>		Mother's Birthplace <i>—</i>						
Name of person giving information <i>Alfred Wright</i>		How related to deceased <i>not at all</i>						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <i>Typhoid Fever</i>				How long <i>4 weeks</i>		
		Immediate <i>Pneumonia</i>				How long <i>3 days</i>		
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>Edward A. Scott,</i>		
						Address <i>Galena, Ind.</i>		
Accident or Suicide?								



Name
in
Full

Dominick Kensley Ayers

CERTIFICATE OF DEATH

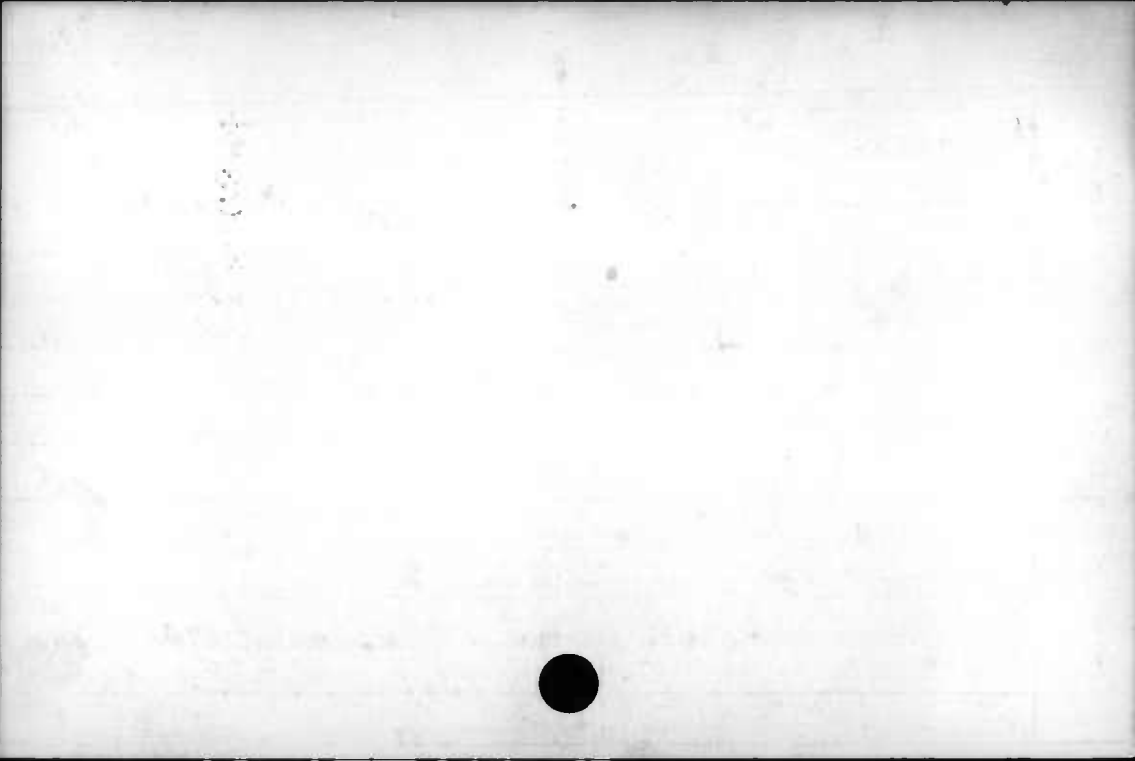
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Rock Hall		County Kent-		MARYLAND	
Date of death 1903	Month Oct	Day 20	Age 72	Years	Months 6	Days 24	
Sex Male	Color or Race White		Birth- place Maryland				
Married, Single or Widowed Married			Occupation				
Name of Wife or Husband Mary C. Casley							
Father's Name John K. Ayers			Father's Birthplace Maryland				
Mother's Maiden Name Marry Cooper			Mother's Birthplace Maryland				
Name of person giving In formation John K. Ayers			How related to deceased Son				

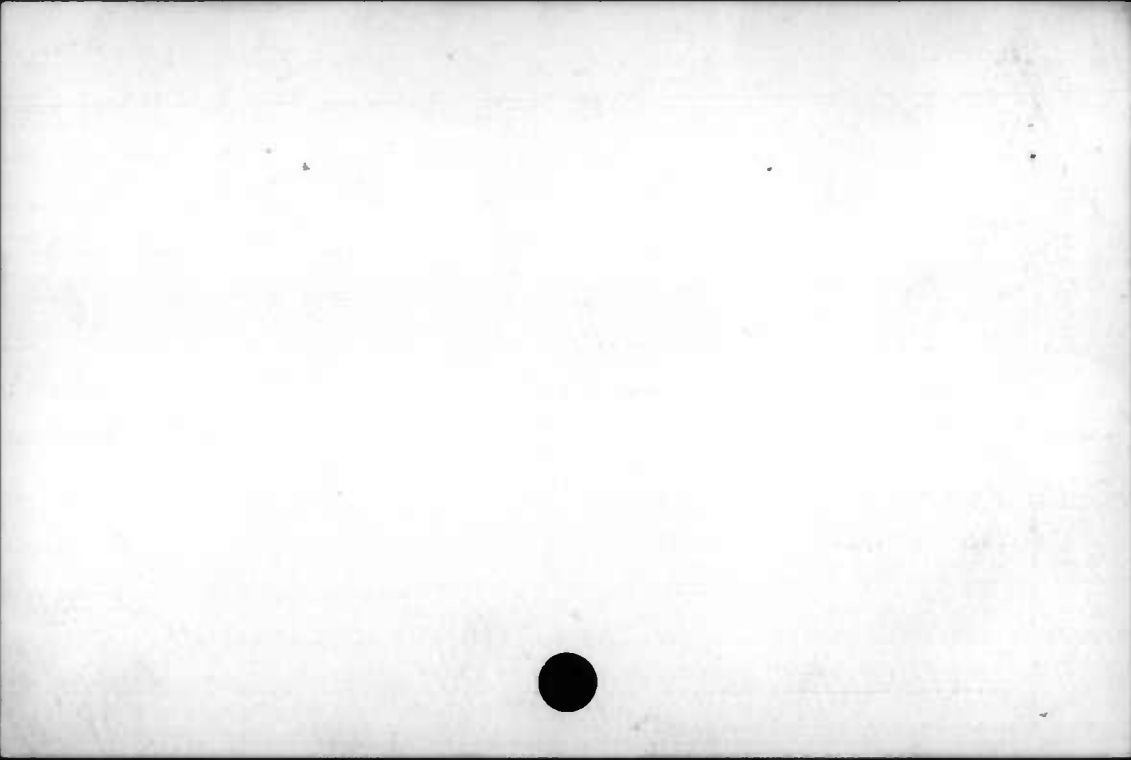
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate Bright's Disease	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. H. Beall M.D.
in il	Address Rock Hall md
Accident or Suicide?	



Name in Full		Jewey Edward Florey				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at Town Edesville		County Kent		MARYLAND			
		Date of death 1903		Month Oct	Day 24	Years 2	Months 7	Days	
		Sex Male		Color or Race Colored		Birth- place Edesville Mar			
		Married, Single or Widowed			Occupation				
		Name of Wife or Husband				179			
		Father's Name Thomas Florey				Father's Birthplace Maryland			
		Mother's Maiden Name Lotta Beck				Mother's Birthplace Maryland			
Name of person giving In formation Thomas Florey				How related to deceased Father					
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary not known				How long 4 weeks			
		Immediate No fr. in attendance				How long			
		Are the name, age, sex, color, date and place correctly given above? if so				Signature of Physician Thos A Casey Understaber			
						Address Rock Hall Kent Co Md			
		Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Ellen Freeman</i>		Town <i>Blacks</i>		County <i>Kent</i>		MARYLAND	
Died at <i>near Blacks</i>		Month <i>Oct</i>		Day <i>19</i>		Years <i>73</i>	
Date of death 190 <i>3</i>		Month <i>Oct</i>		Day <i>19</i>		Age <i>73</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Don't know</i>		Months	
Married, Single or Widowed <i>Widow</i>		Occupation <i>House work</i>		Months		Days	
Name of Wife or Husband <i>Isaac Freeman</i>		Father's Name <i>Don't know</i>		Father's Birthplace <i>Don't know</i>		Mother's Birthplace <i>Don't know</i>	
Mother's Maiden Name <i>Don't know</i>		Name of person giving information <i>Robert Cross</i>		How related to deceased <i>Grand son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Abdominal Tumor</i>		How long <i>Don't know</i>	
Immediate <i>Exhaustion</i>		How long <i>Two days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>G. J. Bannick</i>	
Accident or Suicide? <i>—</i>		Address <i>Thurmondville Md.</i>	

Still Pond

Martinsburg
 Town

County

Kent
 State -

MARYLAND

Died at *Smith Hill near Galena*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

10

1

Age

2

Ind

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

5 Days

Accident, Suicide, Homicide

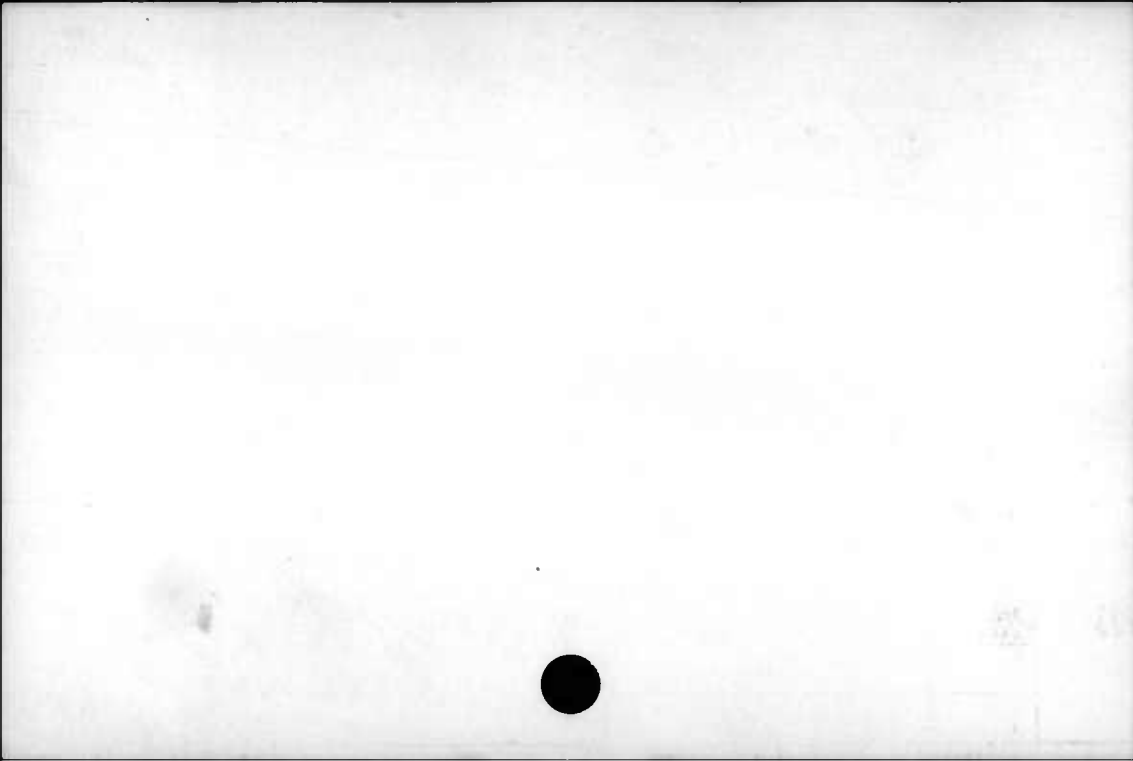
Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Chestertown</u> ^{Town}		<u>Kent</u> ^{County}		MARYLAND
	Date of death 190 <u>3</u> ^{Month} <u>Oct</u> ^{Day} <u>4</u>	Age <u>—</u> ^{Years}	Months <u>—</u>		<u>8</u> ^{Hours} <u>—</u>
	Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Chestertown</u>		
	Married, Single or Widowed <u>—</u>		Occupation <u>—</u>		
	Name of Wife or Husband <u>—</u>				
	Father's Name <u>W. J. Henry</u>		Father's Birthplace <u>New Jersey</u>		
	Mother's Maiden Name <u>Anna R. Stanley</u>		Mother's Birthplace <u>Kent Co. Md.</u>		
Name of person giving information <u>W. J. Henry</u>		How related to deceased <u>Father</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <u>Obstetrical birth</u>		How long <u>—</u>		
	Immediate <u>Heart</u>		How long <u>8 hours</u>		
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>H. Benge Simmons</u>		
	Accident or Suicide? <u>No</u>		Address <u>Chestertown Md</u>		



Name
in
Full

CERTIFICATE OF DEATH

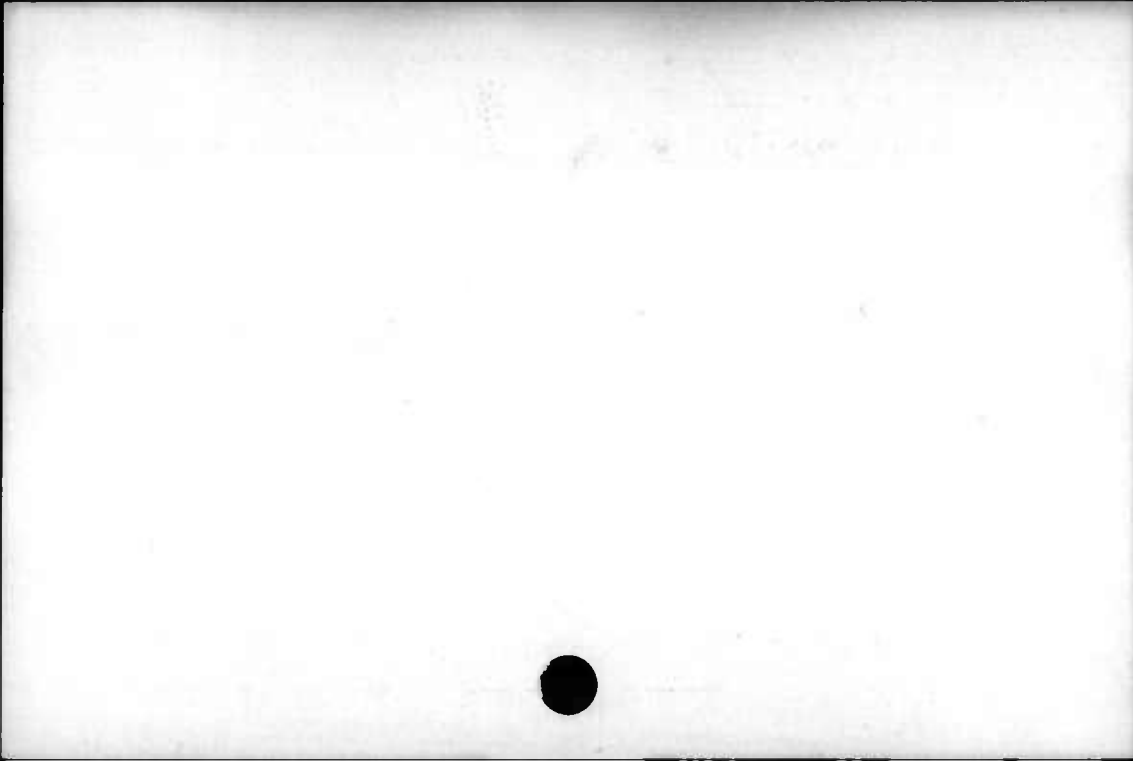
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Wesley Hodges</i>		Town <i>Kent</i>		County <i>Kent</i>		MARYLAND	
Died at		Date of death 1903		Age		Months	
		Month <i>Oct</i>		Day <i>2</i>		Days <i>2</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Kent County</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i></i>					
Name of Wife or Husband <i></i>							
Father's Name <i>Thurgood Hodges</i>		Mother's Maiden Name <i>Lillie Scott</i>		Father's Birthplace <i>105.</i>		Mother's Birthplace <i></i>	
Name of person giving information <i>Lillie Hodges</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Summer trouble</i>	How long <i>One Week</i>
Immediate <i></i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Lillie Hodges</i>
	Address <i>Marble Chesterman</i>
Accident or Suicide? <i></i>	<i>Ind</i>



Name
in
Full

Isaac Hynson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Davis Hill</i> ^{Town}		<i>Trent</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Oct</i>	Day <i>11</i>	Age <i>52</i>	Months	Days
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Trent Co Md.</i>		
Married, Single or Widowed <i>married</i>			Occupation <i>Laborer</i>		
Name of Wife or Husband <i>Mary Hynson</i>					
Father's Name <i>Dont know</i>			<i>27</i>	Father's Birthplace <i>Dont know</i>	
Mother's Maiden Name <i>Dont know</i>				Mother's Birthplace <i>Dont know</i>	
Name of person giving information <i>Samuel Gleaves</i>				How related to deceased <i>Brother in law</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>8 months</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Edmund Warwick</i>
	Address <i>Trentville Md</i>
Accident or Suicide?	

John Green. 1. Henderson

Name
in
Full

Still Born

Johnson

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Lynah

Date

of death 1903

Month

10

Day

10

Years

Age

—

Months

—

Days

—

Sex

male

Color or
Race

colored

Birth-
place

Lynah

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

John E. Johnson

Father's
Birthplace

md

Mother's
Maiden Name

Eleonora Handerson

Mother's
BirthplaceName of person giving
information

John E. Johnson

How related
to deceased

Father

CAUSES OF DEATH

Primary

Still Born

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

H. R. Messick

Address

Health Officer

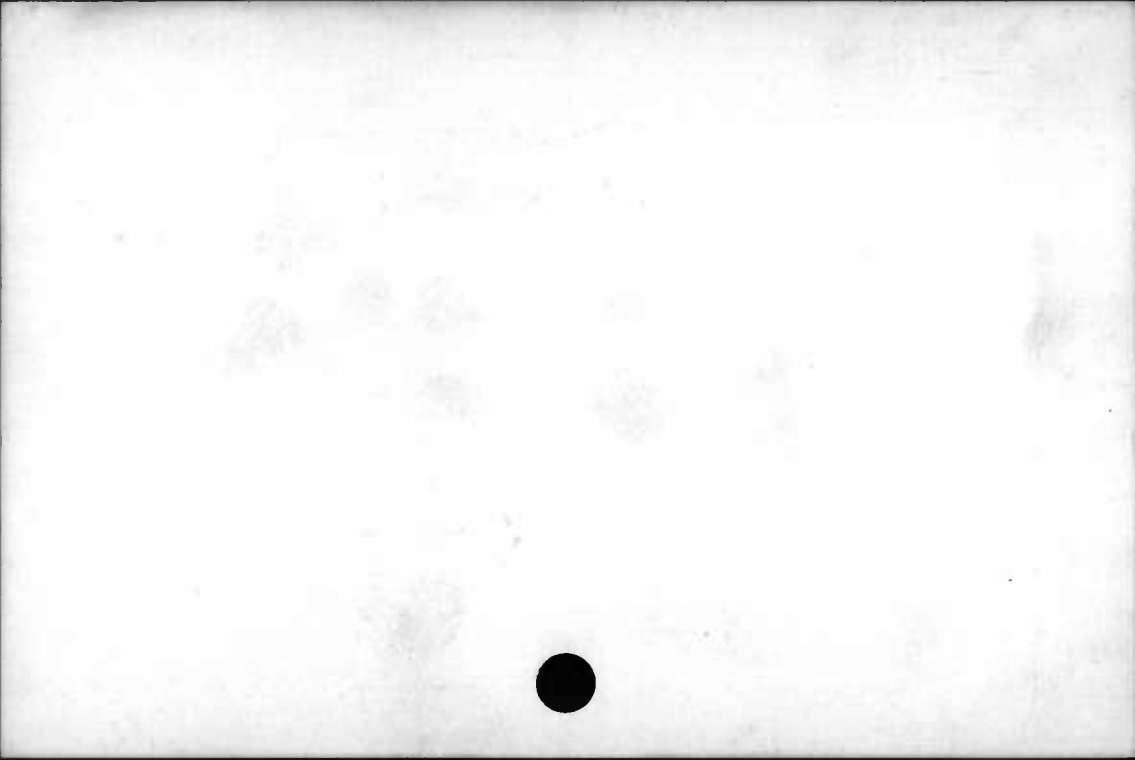
Still Pond md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Fountain

Name in Full Emma Johnson		CERTIFICATE OF DEATH	
Died at Pomona <small>Town</small>		Kent <small>County</small>	
Date of death 190 3 <small>Month</small> Oct <small>Day</small> 12		Age 33 <small>Years</small> 33 <small>Months</small> <small>Days </small>	
Sex Female		Color or Race Colored	
Married, Single or Widowed Married		Occupation Housewife	
Name of Wife or Husband Louis Johnson		Birth-place Kent Co	
Father's Name James Hodge		Father's Birthplace Kent Co	
Mother's Maiden Name Sarah Warren		Mother's Birthplace Kent Co	
Name of person giving information Louis Johnson		How related to deceased Husband	
CAUSES OF DEATH			
Primary Mitral Regurgitation		How long Several months	
Immediate Syncope		How long Few minutes	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician H G Summers	
		Address Chestertown	
Accident or Suicide? No		Kent Co	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Harriett Ann Kelly</i>		Town <i>Millington</i>		County <i>Kent</i>		MARYLAND	
Died at <i>Millington</i>		Month <i>Oct.</i>		Day <i>12</i>		Age <i>78</i>	
Date of death 190 <i>3</i>		Month <i>Oct.</i>		Day <i>12</i>		Age <i>78</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Queen Anne Co.</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Housework</i>					
Name of Wife or Husband <i>Joshua Kelly</i>							
Father's Name <i>Perry Mason</i>				Father's Birthplace —			
Mother's Maiden Name <i>Sarah Fisher</i>				Mother's Birthplace —			
Name of person giving information <i>Wm F. Kelly</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>		How long <i>one hour</i>	
Immediate <i>Yes</i>		How long —	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>CP Gorman M.D.</i>	
		Address <i>Millington Md.</i>	
Accident or Suicide?			



Name
in
Full

Leiza Anna Kendall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Fairlee* Town *Nent* County

Date of death 190*3* Month *Oct.* Day *26* Age *75* Years Months *7* Days *1*

Sex *Female* Color or Race *White* Birth-place *Rock Hall*

Married, Single or Widowed *Widow* Occupation *House work*

Name of ~~Wife~~ or Husband *James Kendall*

Father's Name *Richard Egg* 68. Father's Birthplace *Rock Hall*

Mother's Maiden Name *Mary Todd* Mother's Birthplace *Baltimore*

Name of person giving information *Oliver O. Ward* How related to deceased *Neighbor*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

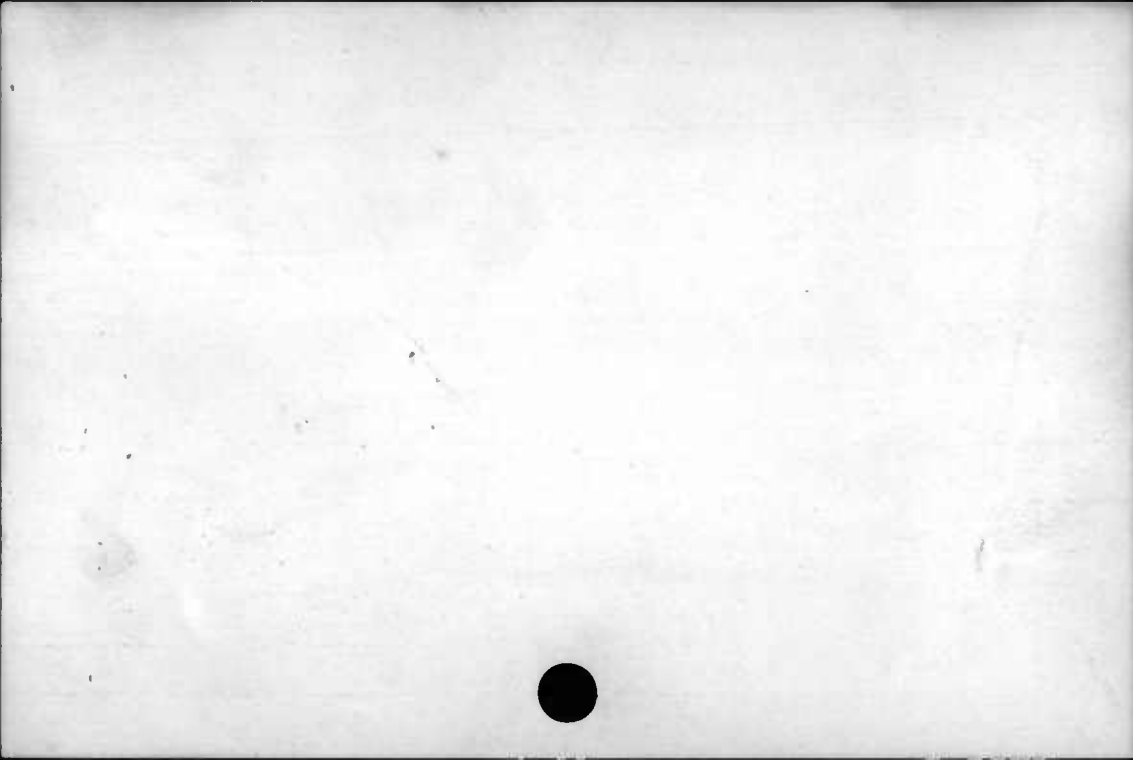
Primary *Asthma ! Dementia* How long *2 years*

Immediate *Hypostatic Pneumonia* How long *4 days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Frank M. Smith M.D.*

Address *Fairlee*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barber</i> <small>Town</small>		<i>North</i> <small>County</small>		MARYLAND	
Date of death 190 <i>3</i>	<i>Oct.</i> <small>Month</small>	<i>28</i> <small>Day</small>	Age <i>49</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Howard Co</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Domestic</i>				
Name of Wife or Husband <i>Charles Walter Lamb.</i>					
Father's Name <i>David Tomlinson</i>			Father's Birthplace <i>Not Known</i>		
Mother's Maiden Name <i>Elizabeth Wilson</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Sister in law</i>			How related to deceased <i>Sister in law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Pleurisy probably Tubercular.</i>	How long	<i>7 days</i>
Immediate	<i>(Meningitis & Peritonitis extension)</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Frank W Smith</i>
<i>Yes</i>		Address	<i>Fairlee Ind.</i>
Accident or Suicide? <i>No</i>			



Name
in
Full

Nellie Leigh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Betterton</i> ^{Town}		<i>Hunt</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	Month <i>Oct</i>	Day <i>14</i>	Age <i>16</i> Years	Months <i>2</i>	Days <i>—</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John Leigh</i>		<i>27</i>		Father's Birthplace <i>England</i>	
Mother's Maiden Name <i>Chie Turner</i>		Mother's Birthplace <i>md</i>			
Name of person giving information <i>John Leigh</i>		How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis.</i>	How long <i>2 years.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Wm. S. Maxwell</i>
	Address <i>Still Pond, Md.</i>
Accident or Suicide?	

Still Pond

Name
in
Full

Order McQuire

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Galena		County Kent		MARYLAND	
Date of death 1903		Month 10		Day 9th		Age 16	
Sex male		Color or Race white		Birth- place Kent Co, Md		Months —	
Married, Single or Widowed Single		Occupation farmer					
Name of Wife or Husband							
Father's Name Alfred J McQuire		Father's Birthplace Cecil					
Mother's Maiden Name Corn E. Webb		Mother's Birthplace Cecil					
Name of person giving In formation Dina McQuire		How related to deceased daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever	How long	Three Weeks
Immediate	Stomach Poisoning	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician J. W. Latimer M.D.	
		Address Galena	
			Md
Accident or Suicide?			

Galena

Name

is
Full

CERTIFICATE OF DEATH

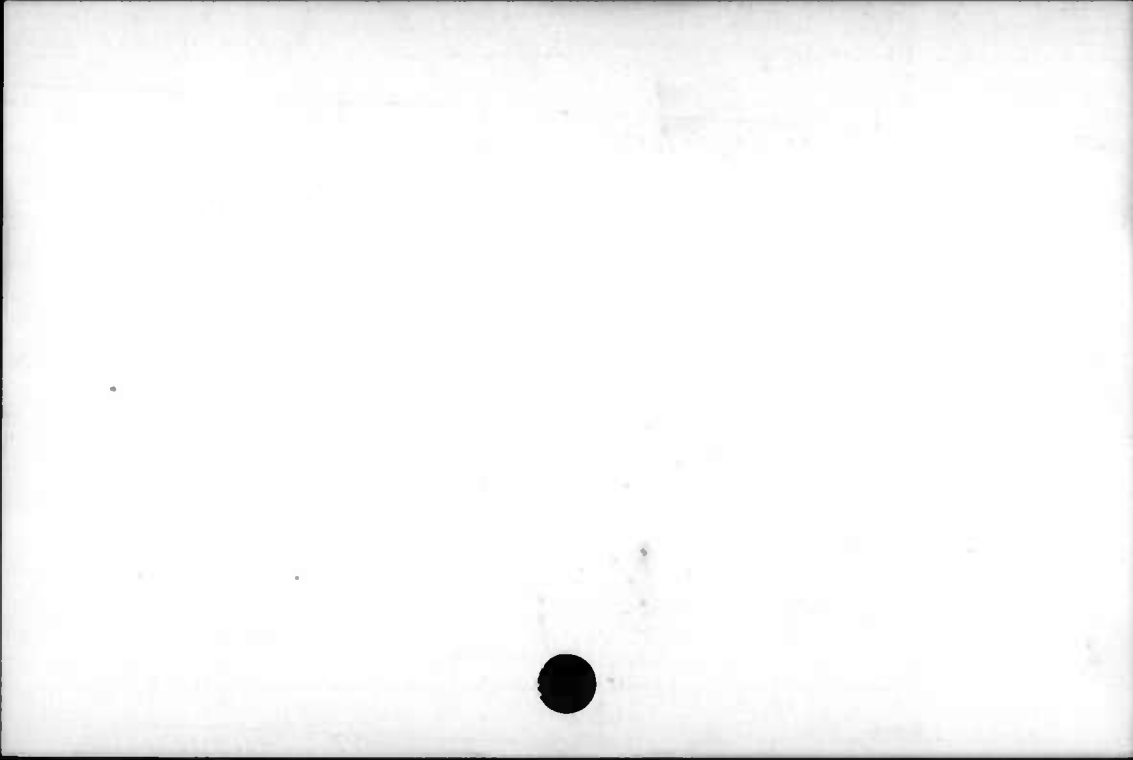
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Alms House</i>		Town <i>Alms House</i>		County <i>Kent</i>		MARYLAND	
Date of death 1903	Month <i>Octo</i>	Day <i>11</i>	Age <i>67</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>New Jersey</i>					
Married, Single or Widowed <i>Widow</i>	Occupation <i>Career</i>						
Name of Wife or Husband <i>don't know</i>							
Father's Name <i>don't know</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>don't know</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>Wm Ford</i>				How related to deceased <i>—</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart Disease</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm Ford</i>		
	Address <i>Keeper of Alms House</i>		
Accident or Suicide?			



Name
in
Full

Harry Sweeney

CERTIFICATE OF DEATH

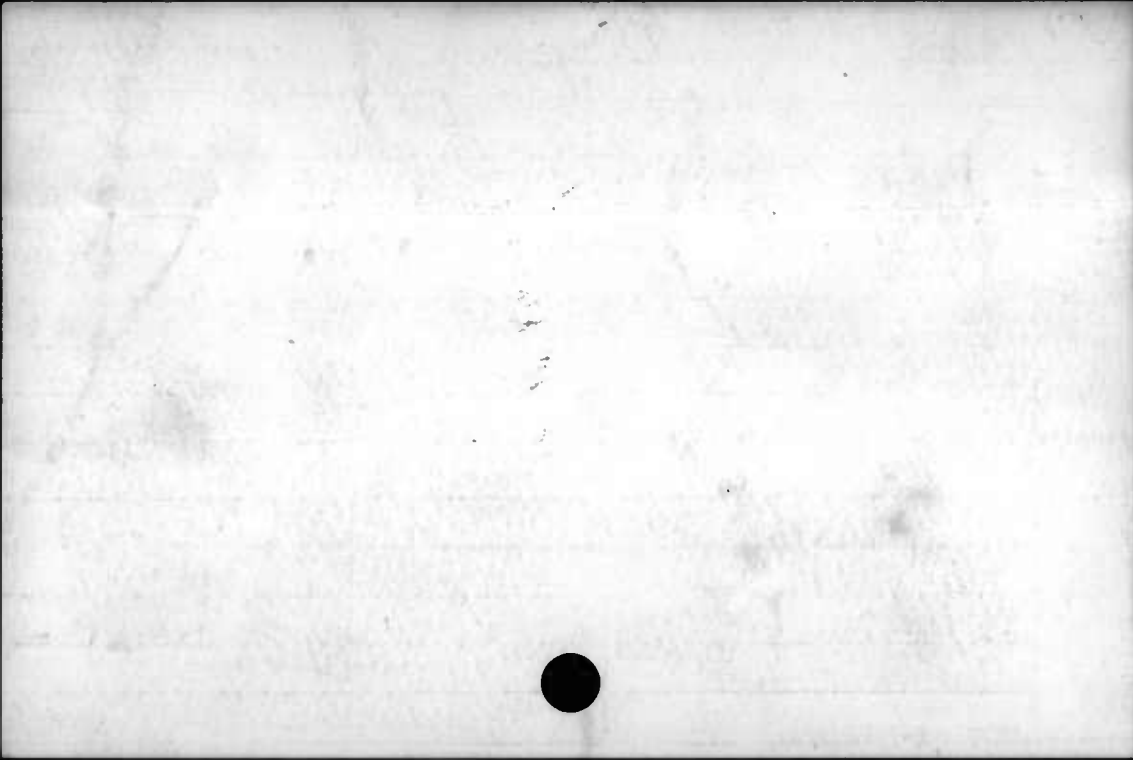
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chester</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>Oct</i>	Day <i>5th</i>	Years <i>14</i>	Months <i>7</i>	Days <i>10</i>
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Kennedyville,</i>	
Married, Single or Widowed <i>Single</i>			Occupation <i>Farm laborer.</i>		
Name of Wife or Husband _____					
Father's Name <i>Thomas Sweeney</i>			Father's Birthplace <i>Queen Anne's Co.</i>		
Mother's Maiden Name <i>Ancie Rasine</i>			Mother's Birthplace <i>Kent Co.</i>		
Name of person giving information <i>Thos Sweeney</i>			How related to deceased <i>Father.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Meningitis</i>	How long <i>Two days</i>
Immediate _____	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. P. Gorman M.D.</i>
	Address <i>Millington Md.</i>
Accident or Suicide? _____	



Name
in
Full

Norman Washington Spencer CERTIFICATE OF DEATH

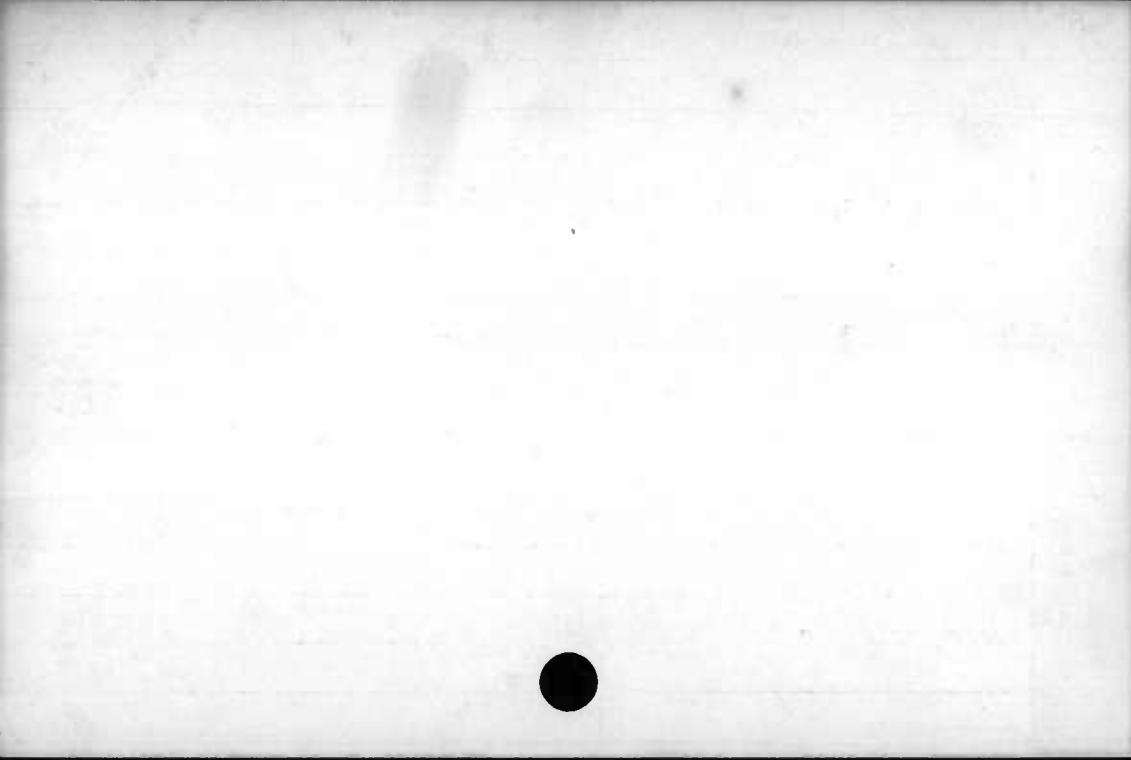
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Prize Neck</i> Town		<i>Kent Co.</i> County		MARYLAND	
Date of death 1903	Month <i>Oct.</i>	Day <i>26</i>	Age <i>—</i>	Months <i>—</i>	Days <i>28</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Kent Co.</i>	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>John H. Spencer</i>			Father's Birthplace <i>Bethesda</i>		
Mother's Maiden Name <i>Sarah Elbourn</i>			Mother's Birthplace <i>Kent Co.</i>		
Name of person giving information <i>Sarah Elbourn</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Catastrophic Exhaustion</i>	How long <i>14 days</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. C. Selby M.D.</i>
	Address <i>Rock Hall, Md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Died at

Date 19

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Female

White

Colored

Single

Widower

Number of children living

MARYLAND

Rock Hill

Kent Co.

03

Oct; 22

122

hus

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

of

Thomas G. Stiller

Mother's

Maiden Name

Mary Ryan,

How long sick

9 days

Primary

Immediate

Pneumonia

Ephigustian

Accident, Suicide, Homicide

Reported by

Address

W. Stiller
Rock Hill

Md.

LIBRARY BUREAU, 79808



Name
in
Full

Franklin Taylor.

CERTIFICATE OF DEATH

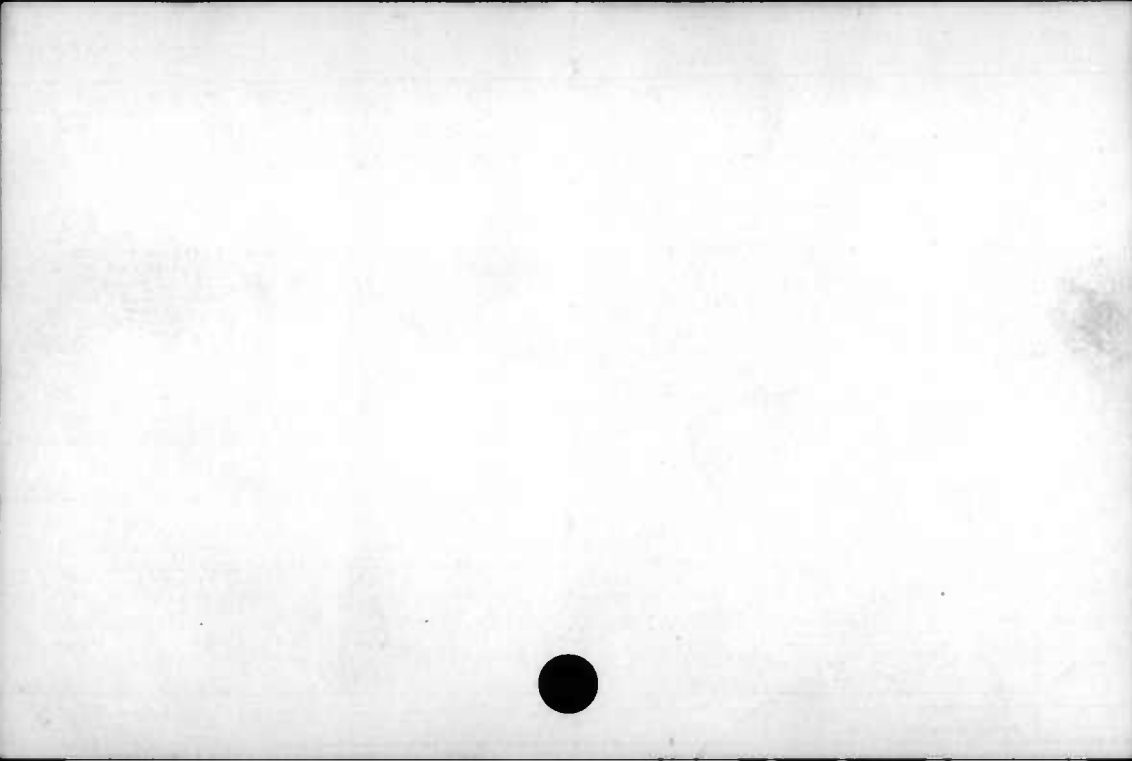
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Millington		County Kent		MARYLAND	
Date of death 1903		Month Oct	Day 10	Age 65		Years 10	Months 20
Sex Male		Color or Race white		Birth- place 2. d county Md.			
Married, Single or Widowed		widowed		Occupation Carpenter			
Name of Wife or Husband		Georgianna Taylor.					
Father's Name		Thomas Taylor				Father's Birthplace	
Mother's Maiden Name		Robinson				Mother's Birthplace	
Name of person giving information		Mary E. Loper.				How related to deceased Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long	About 2 years
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	E. S. Clark
			Address	Millington Md.
Accident or Suicide?				



Name
in
Full

Emily B Heddon

CERTIFICATE OF DEATH

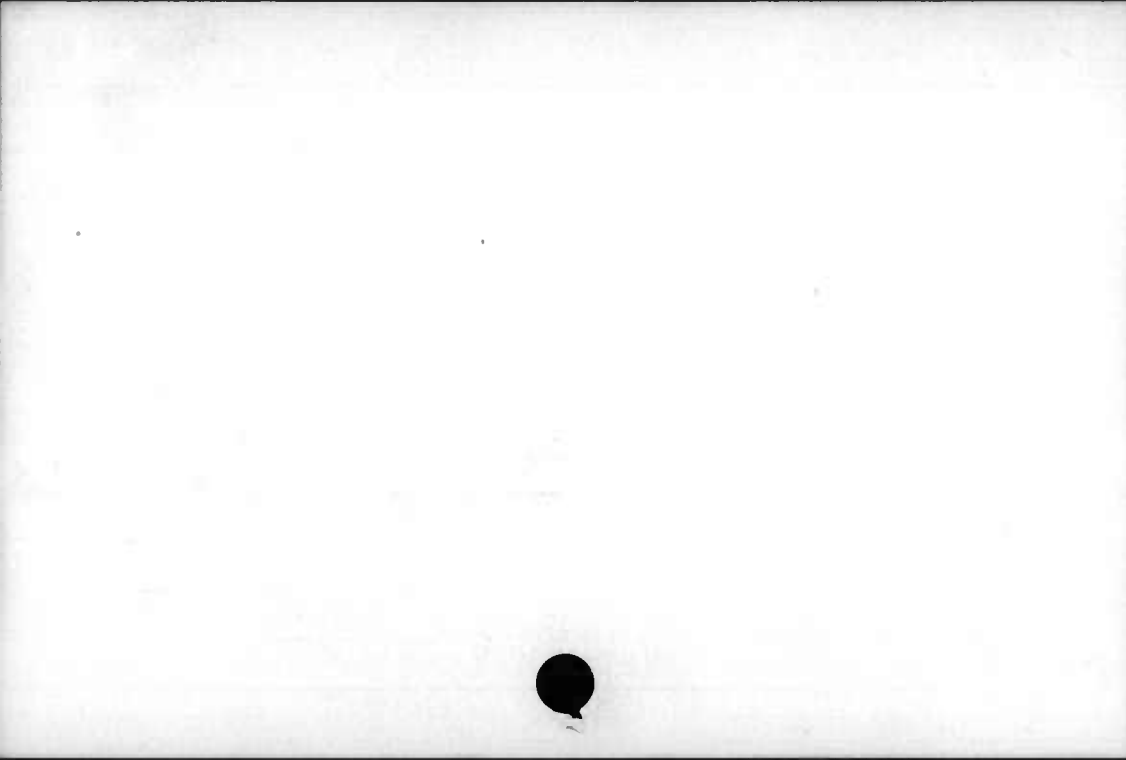
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Tcwn <i>Chestertown</i>		County <i>Kent</i>		MARYLAND	
Date of death 190		3	Month <i>Oct</i>	17	Day	20	Years
						Months	4
						Days	
Sex		<i>Female</i>		Color or Race		<i>White</i>	
				Birth-place		<i>Kent Co</i>	
Married, Single or Widowed		<i>Widowed</i>		Occupation		<i>Housewife</i>	
Name of Wife or Husband							
Father's Name		<i>Philip Rasier</i>				Father's Birthplace	
						<i>Manlyland</i>	
Mother's Maiden Name		<i>Sarah Bennett</i>				Mother's Birthplace	
						<i>Manlyland</i>	
Name of person giving information		<i>John W. Elliott</i>				How related to deceased	
						<i>Nephew</i>	

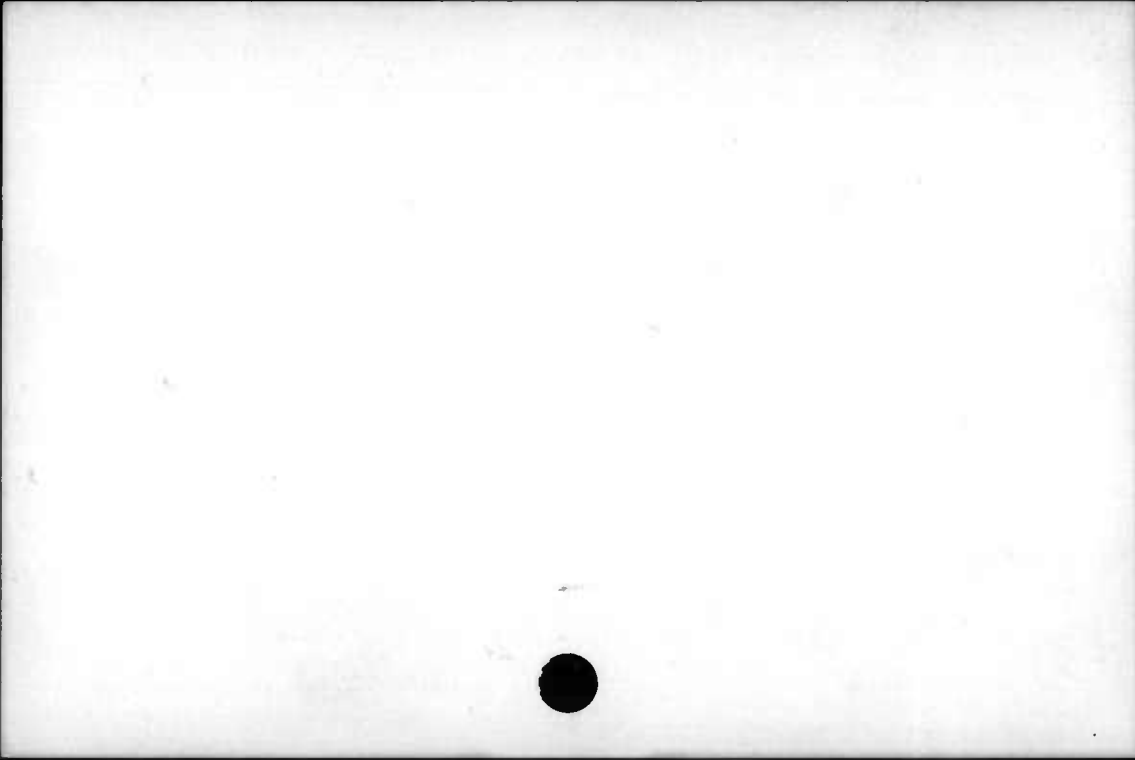
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>16 yrs</i>
Immediate	<i>Anthrax</i>	How long	<i>10 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>W. G. Simpson</i>	
Address		<i>Chestertown</i>	
Accident or Suicide?		<i>No</i>	



Name in Full Catherine Virginia Walker		CERTIFICATE OF DEATH	
Died at Chestertown ^{Town}		Kent ^{County}	
Date of death 190 3		Month Oct	Day 6th
Age 90		Years	Months 3
Sex Female		Color or Race Colored	Birth-place Chestertown
Married, Single or Widowed Single		Occupation None	
Name of Wife or Husband None			
Father's Name None		Father's Birthplace None	
Mother's Maiden Name Kate Walker		Mother's Birthplace Kent Co	
Name of person giving information Kate Walker		How related to deceased Mother	
CAUSES OF DEATH			
Primary Bronchitis		How long 2 weeks	
Immediate Oedema of Lungs		How long 2 days	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician H. E. Simpson	
Accident or Suicide? No		Address Chestertown	
		1 Kent Co.	



Name
in
Full

William Watts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Still Pond <small>Town</small>		Kent <small>County</small>		MARYLAND	
Date of death 1903	Month Oct	Day 2	Age 82 <small>Years</small>	Months 10	Days —
Sex Male	Color or Race White		Birth-place md		
Married, Single or Widowed Widowed			Occupation Farmer		
Name of Wife or Husband					
Father's Name George Watts			20		
Mother's Maiden Name Mary Spry			Father's Birthplace md		
Name of person giving information Laura Birch			Mother's Birthplace md		
			How related to deceased Niece		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Septicæmia	How long	a few days.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		W. S. Maxwell,	
Address		Still Pond, Md.	
Accident or Suicide?			

Still Pond.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Still Pond		Town Still Pond		County Kent		MARYLAND							
Date of death 190 3		Month Oct		Day 9		Age 1		Years —		Months —		Days 9	
Sex male		Color or Race Black		Birth-place Ind									
Married, Single or Widowed Single		Occupation —											
Name of Wife or Husband —													
Father's Name Davis Wilmer		Father's Birthplace Ind											
Mother's Maiden Name Bertie Brooks		Mother's Birthplace Ind											
Name of person giving information Davis Wilmer		How related to deceased father											

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Whooping Cough		How long 2 weeks	
Immediate Complications		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician W.S. Maxwell	
		Address Still Pond, Md.	
Accident or Suicide?			

Still Pond